

# COMPREHENSIVE VOLUNTARY DENTAL PLAN

## GROUP APPLICATION



Underwritten by Dentcare Delivery Systems, Inc.

### EMPLOYER INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Group Census \_\_\_\_\_ Single \_\_\_\_\_ Two Party \_\_\_\_\_ Family \_\_\_\_\_ Requested Effective Date  / 1 /

Has your company ever had dental coverage with Healthplex, Dentcare Delivery Systems, Inc. or International Healthcare Services, Inc. YES \_\_\_\_\_ OR NO \_\_\_\_\_.

PLEASE CIRCLE BILLING PERIOD\*      MONTHLY      QUARTERLY      ANNUALLY

PLEASE CIRCLE PLAN\*      Low      Medium      High      High Enhanced

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date  / /

\* Groups with 10 or more employees may offer multiple plans and need not select a single plan. Groups of less than 10 employees must select a single plan. Groups of less than 3 employees may not select the High or High Enhanced Plan. Groups of one employee must select annual billing.

Coverage for dependents ends at age 19, or 25 if full-time student. Application, enrollment cards, NYS-45 and payment must be received by the 15th of the month for coverage to begin on the first of the next month. Exceptions will only be made if the application is received between the 15<sup>th</sup> and the 30<sup>th</sup> of the current month and payment is made by direct debit, certified check, money order, credit card or wire transfer. Premiums are due and are payable at the beginning of each subsequent billing period. Please include the first month's premium (payable to *Dentcare Delivery Systems, Inc.*) along with this application. All groups should also submit a copy of their most recent NYS-45 Form. This application is subject to its acceptance in writing by Dentcare. Thank You!

### BROKER INFORMATION

Sales Representative PERSONNEL RESOURCES CONSULTANTS INC

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    )      Fax (    )

Social Security #      or Tax ID #

### FOR INTERNAL USE ONLY

GROUP # \_\_\_\_\_ Actual Effective Date  / 1 /